

APPLICATION FOR EMPLOYMENT

The Santee-Lynches Regional Council of Governments is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability, or veteran status.

Name				Date
Last	First	Middle		
Address				
S	treet		City	State Zip Code
Position Sought				Full Time Part Time
Date Available _			Phone l	Number
Are you over 18	years old?			
Are you legally el (If offered employme	0 1	yment in the Unit		erify eligibility.)
		Educ	ation:	
Highest Educa	tion Level Attai	ined:		
List up to 3 Deg	grees/Diploma	s/Certifications		
Higher Educati	ion Institution:	Numbers of year	s completed	
School _		City	/State	
Major _		Deg	gree Earned	
Year Cor	mplete			
Higher Educati	ion Institution:	Numbers of year	s completed	·
School _		City	/State	
Major _		Deg	gree Earned .	
Year Cor	mplete			

Higher Education Institution: N	Sumbers of years completed
School	City/State
Major	Degree Earned
Year Complete	
*If you need to list additional Educational Institu	tions, please use the format above and include on an additional page.
Othe	er Applicable Training or Skills:
Professional License	e, Certifications, and Membership Associations:
	<u> </u>
creed, sex, religion, national origin, ancestr	rofessional organizations that may reveal information regarding race, color, ry, age, disability, marital status, veteran status, or any other protected status.) Applicable Software Skills:
	Applicable Technical Skills:
Employment: List curren	nt/last employer first, including U.S. Military Service.
May we contact your present emplo	oyer? Yes No
If any employment was under a diff	ferent name, indicate name:

Current/ Former Employer	Address
Tel: Position:	Supervisory Role:
Dates of Employment: From	(Mo/Yr) To (Mo/Yr)
Salary — Supervisor	Department
Full Time Part Time	No. of Hrs
Reason for Leaving	
Former Employer	Address
Tel: Position:	Supervisory Role:
Dates of Employment: From	_(Mo/Yr) To (Mo/Yr)
Salary Supervisor	Department
Full Time Part Time	No. of Hrs
Reason for Leaving	
Former Employer	Address
Tel: Position:	Supervisory Role:
Dates of Employment: From	(Mo/Yr) To (Mo/Yr)
Salary Supervisor	Department
Full Time Part Time	No. of Hrs
Reason for Leaving	

Former Employer	Address	
Tel: Position:	Supervisory Role:	
Dates of Employment: From	(Mo/Yr) To (Mo/Yr)	
Salary Supervisor	Department	
Full Time Part Time	No. of Hrs	
	Address	
Tel: Position:		
Dates of Employment: From	(Mo/Yr) To (Mo/Yr)	
Salary Supervisor	Department	
Full Time Part Time	No. of Hrs	
Reason for Leaving		
Former Employer	Address	
Tel: Position:		
	Supervisory Role:	
Tel: Position: Dates of Employment: From	Supervisory Role:	
Tel: Position: Dates of Employment: From	Supervisory Role:(Mo/Yr) To (Mo/Yr) Department	
Tel: Position: Dates of Employment: From Salary Supervisor Full Time Part Time	Supervisory Role:(Mo/Yr) To (Mo/Yr) Department	
Tel: Position: Dates of Employment: From Salary Supervisor Full Time Part Time	Supervisory Role:(Mo/Yr) To (Mo/Yr) Department No. of Hrs	
Tel: Position: Dates of Employment: From Salary Supervisor Full Time Part Time Reason for Leaving *If you wish to describe additional work experience, attach the describe additional work experience.	Supervisory Role:(Mo/Yr) To (Mo/Yr) Department No. of Hrs	
Tel: Position: Dates of Employment: From Salary Supervisor Full Time Part Time Reason for Leaving *If you wish to describe additional work experience, attach the describe and gaps in your work history:	Supervisory Role:(Mo/Yr) To (Mo/Yr) Department No. of Hrs	
Tel: Position: Dates of Employment: From Salary Supervisor Full Time Part Time Reason for Leaving *If you wish to describe additional work experience, attach the describe and gaps in your work history:	Supervisory Role: (Mo/Yr) To (Mo/Yr) Department No. of Hrs	
Tel: Position: Dates of Employment: From Salary Supervisor Full Time Part Time Reason for Leaving *If you wish to describe additional work experience, attach the describe and gaps in your work history:	Supervisory Role: (Mo/Yr) To (Mo/Yr) Department No. of Hrs shove information for each position on a separate piece of paper. esign from a job?	

Professional References (must provide 3):

Name	
Phone	
Email	
Relationship	
NT.	
Name	
Phone	
Phone	-
Email	
D 1 2 - 12	
Relationship	
Name	
	•
DI .	
Phone	
Email	
1.7/11(4)11	-
Relationship	

APPLICANT'S CERTIFICATION AND AGREEMENT

best of my knowledge. I hereby release Sant	e above employment application are true and complete to the tee-Lynches Regional Council of Governments from any/al th, at any time, could result from obtaining and basing ar
employment decision on such information Initial	•
I authorize Santee -Lynches Regional Coureference information on my work performantial	ncil of Governments to verify their accuracy and to obtain mance from my previous employers.
	y kind or omissions of facts called for on this application may n for employment or, if already employed, grounds for
policies, rules and regulations of employm However, I further understand that neither said during the interview process shall be contract. I understand that employees of	ffer be extended to me and accepted, I will fully adhere to the tent of Santee-Lynches Regional Council of Governments or the policies, rules, regulations of employment or anything deemed to constitute the terms of an implied employment of Santee-Lynches Regional Council of Governments are er the employee or the council may end employment at any
Name of Applicant	Date:



Application for ACCOUNTANT/GRANT ANALYST

Supplemental Questions

Provide detailed responses to the questions and attached to your application package. You may use a separate sheet if needed.

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	1. What relevant strengths would you bring to our organization? How would you use them to make us better?
	2.Describe how you learned a new difficult task. How did you approach it? What steps did you take to become proficient?
	3.Provide an example of how you streamlined the employee payroll process or fixed an employee payroll problem

SUPPLEMENTAL QUESTIONS CONT. 4. When was the last time you performed an internal audit of your organization's financial records and internal controls? What did you find?
5.Provide an example of how you accurately tracked funds from multiple sources (state, federal,
private). What were some of the internal controls used to ensure the use of the funding complied with the guidelines of the funding source?